

United Keetoowah Band of Cherokee Indians  
CCDF-Child Care Subsidy  
PO Box 975  
Tahlequah, OK 74465  
Phone # (918) 431-9998 Fax # (918) 431-1796



### **Application for Child Care Assistance**

Please provide copies of the following to determine eligibility.

- ☐ 2 most recent check stubs on all parent(s) or guardian(s)
- ☐ Self-Employed (Copy of Submit Profit & Loss Income Taxes from pervious year); Copy of licenses, if applicable. \*New business owners not filed will need to submit a tax projection from an accountant.
- ☐ Proof of address (Utility bill or Insurance Statement)
- ☐ Copies of UKB Membership cards on children and parent(s) or guardian(s)
- ☐ Copies of Social Security Cards on All Family Members in Household
- ☐ Proof of Birth date on Children needing child care (to verify age)
- ☐ Work/School schedule from Employer or Educational institution on Company letterhead (to determine child care schedule)
- ☐ Special needs/Protective services documentation if applicable.

**CCDF office is located inside the  
Henry Lee Doublehead Child Development Center  
Monday-Friday 8:30 am – 5:00 pm**



## Application for (CCDF) Child Care Assistance

Clients Name: \_\_\_\_\_ Date: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Town/ City: \_\_\_\_\_ State: \_\_\_\_\_

Physical Address: \_\_\_\_\_

**Daytime** Phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_ Message Phone: \_\_\_\_\_

**Please circle one:** Married Single Divorced Widowed

### Employment

<b>Name of Employer:</b> (Full time: 150 or more hours per month/Part Time: 60 hours or more each month)	
Starting Time	Ending Time
: Am/Pm	: Am/Pm
Days of the Week:	
<b>Name of Employer:</b> (Full time: 150 or more hours per month/Part Time: 60 hours or more each month)	
Starting Time	Ending Time
: Am/Pm	: Am/Pm
Days of the Week:	

**Education: Name of University or College:** \_\_\_\_\_

(Full Time: 12 credit or more per semester) or (Part Time: minimum of 6 credit per semester)

<u>List time in columns</u>	Mon	Tues	Weds	Thurs	Fri	Sat
Full Time: With _____ hours						
Part Time: With _____ hours						
<i>Example Full Time: 12 hours</i>	<i>11-3 pm 5:30 pm-8:30 pm</i>	<i>Job Working 8-5</i>	<i>11-2 pm</i>	<i>Job Working 8-5</i>	<i>11-2 pm</i>	<i>None</i>

### Vocational School/GED Classes

<u>List time in columns</u>	Mon	Tues	Weds	Thurs	Fri	Sat

**Income Eligibility requirements: (All Household members over 18 years of age)**

**Number of Household Members** \_\_\_\_\_

Name	Relationship	Monthly Income	Hours per week	Rate of Pay
	<i>Head of Household</i>			
	<i>Spouse</i>			

**Name of Children (Please mark if daycare is needed)**

<b>X</b>	Name	Age	DOB	Social Security	List Daycare/School (List school)

**Request for a reduction and/or waiver of monthly co-payment due to:**

Agency:		Worker Name:	
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*(Please attach a copy of the custody order)*

**Request for Special needs child care services:** (Additional documentation needed to verify)

Name	Age: (up to age 18 yrs)	Disability/Special needs

## TYPE OF CHILD CARE REQUESTED

	Center Based		Group Home		*Child's Home		Family Home
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\*(limited to at least 3 full-time children in care)

<b>Name of preferred provider:</b>			
<b>Provider Address:</b>			<b>Telephone:</b>
Second preference			
<b>Provider Address:</b>			<b>Telephone:</b>

### PLEASE READ THE FOLLOWING BEFORE SIGNING THE APPLICATION

1. If required to, based on income, etc... I agree to pay the registered provider a co-payment as listed on the sliding fee scale, according to tribal pay dates.
2. I recognize that I must advise the preferred provider of my choice of the allowable rates for child care to be billed only when I am transporting o active in an approved work, training or education programs.
3. I recognize that a provider cannot be paid or authorized to provide child care unless I have a currently approved Certificate of Child Care and further, that unless the provider of my choice completes the registration process within 30 days of starting child care that no payment will be made, and that payment will only be in accordance with the program requirements, and time lines (certificate, voucher, as scheduled)
4. I have been advised of my child care option and responsibilities during an eligibility determination on the date of the application.
5. I recognize that as a parent/guardian that I have the right to access my child (ren) at any and all times while in the care of the provider and that I have the right to access to the premises/facilities when the provider is providing care.
6. I agree to work with my provider and to notify them in writing of what to do in case of an emergency and where and who in our family to contact in such as emergency.
7. I hereby authorize the UKB to release and receive information to and from the following persons and organization in order to verify the information provided within the application and to confer with the agencies to ensure client is not duplicating any services. (Applicant's Employer and/or Education Institution, Oklahoma Department of Human Services, Cherokee Nation Office of Child Care)
8. I attest the information submitted on this application in any or part is exact and true to the best of my knowledge. I will notify the CCDF program with any changes including: income, work/school schedule, employer.

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Signature of Parent/Guardian

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Date